



Supporting occupational health
and wellbeing professionals

Running an independent OH Service

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This talk includes:

- How & why I got started
- My approach to Leadership
- Leading by influence
- Partnerships
- Practicalities



My career - Historical Context

- Nurse
- Midwife
- Full time wife/mother
- School Nurse
- Public Health
- Health Visitor
- Hypnotherapist
- Occupational Health

Chance conversation

- Living and working overseas since 1987 – had the idea that professionalism and IT were overtaking me
- Trained in Computer skills
- Wrongly assumed when returning to the UK that I would require current 'nursing skills'
- Signed up for 'bank' work at the local hospital
- In 2005 had a chance conversation with the Head of Health and Safety – who needed an OH nurse
- 'You can give vaccines and take blood – what more was there to it' !!
- Got the job.....

Chronology

- NHS role 7 years - OH Training
- Manufacturing 15 years ago – MSc
- 10 years ago, started overlap of contract work with part-time employment
- 2024 fully independent i.e. no subcontracting



My Leadership starting point...

- Move from England to Scotland
- 1985 – Maternity Care in Action GB
- Not implemented in Scotland

- In 1985 – fathers were excluded from most investigations inc. scans and certain physical examinations

- How could 'I' a newly qualified midwife change this?



7 Cs Respectful Care (1985)

1. Freedom from harm and mistreatment
2. Privacy and confidentiality
3. Informed consent: Ensuring the woman is fully informed and gives her consent before any procedures
4. Respect for choices: Respecting the woman's choices and preferences, including her right to companionship
5. Effective communication: Using clear, motivating words, and being a good listener
6. Continuous support
7. Equitable care



Changed access to scans and other interventions

- Dissertation on the Lickert scale
- Had the idea of doing a questionnaire for the women
- Approached the Head of Nursing
- Drew up a proposal
- The results overwhelmingly asked for change
- This was implemented



No idea what Leadership was...

- No plans to be a leader
- No idea what it is was about
- What it meant
- How to do it

Yet

- I had led by influence with the use of data



My Leadership COVID 19

- Volunteered for NHS
- Managed COVID screening unit
- Hugely successful
- High staff morale, engagement and attendance
- I was asked if all that was needed was kindness.
- What I gave was understanding, respect and flexibility



Leading by Influence

Leading by influence is a leadership style that uses:

- Personal qualities
- Expertise
- Relationships to guide others

It's a skill that can be used even when someone doesn't have formal authority



What is leadership – my approach

1. Build Strong Relationships
2. Build Your Business Acumen
3. Step up
4. Cultivate Strong Communication Skills
5. Provide Context and Collaborate
6. Study Behavior and Adjust your Leadership Style
7. Lead by Example



1. Build Strong Relationships

Start with your current employer - tip - never compete with your manager

- Develop partnerships with clients
- Build relations with Agencies - be reliable
- Attends conferences – network and build relationships
- Join local networks
- Join other networks
- SOM
- RCN
- Institute of Directors
- Federation of Small Businesses
- @Work Partnership
- The Association of Occupational Health and Wellbeing Professionals



2. Build Your Business Acumen

- Your knowledge and expertise
- The way you present yourself
- Confidence in decision-making
- Good advice
- Build trust



3. Step Up

- More than just doing the job
- Identify needs
- Identify gaps
- Take initiative



4. Cultivate Strong Communication Skills

- Be clear
- Be honest
- Be professional
- Be adaptable to your audiences
- Above all Listen
- Beyond that **Understand** what you have been listening to



5. Provide Context and Collaborate

- Understand the business
- Their roles
- Their workplace
- Their goals and objectives
- Their difficulties
- Gather all the information
- ASK THE RIGHT QUESTIONS
- Facilitate improvements
- Be active
- Be responsive
- Participate



6. Study Behavior and Adjust your Leadership Style

- Self-awareness
- Do not try to be what or who you are not
- Identify your own style
- To be an influential leader, you may need to adapt your approach to suit the needs and preferences of the people you work with
- By being flexible and adaptable, you can better connect with others and influence them effectively



7. Lead by Example

Pull together the preceding 6 points

Leadership is influence.

- It's about getting other people to take an action without having to rely on a title or formal position of power, but rather about inspiring and persuading them to willingly adopt new ideas, behaviors, or actions.



Edith Louisa Cavell (1865 –1915)

Edith Louisa Cavell was a British nurse. She is celebrated for treating wounded soldiers from both sides without discrimination during the First World War.

She helped hundreds of British, French and Belgian soldiers escape the Germans and was arrested, tried and executed in 1915.



Florence Nightingale (1820 -1910)

Florence Nightingale was an English social reformer, statistician and the founder of modern nursing.

Nightingale collaborated with physician and medical statistician William Farr on her first batch of diagrams. They included bar charts, area charts and circular diagrams.

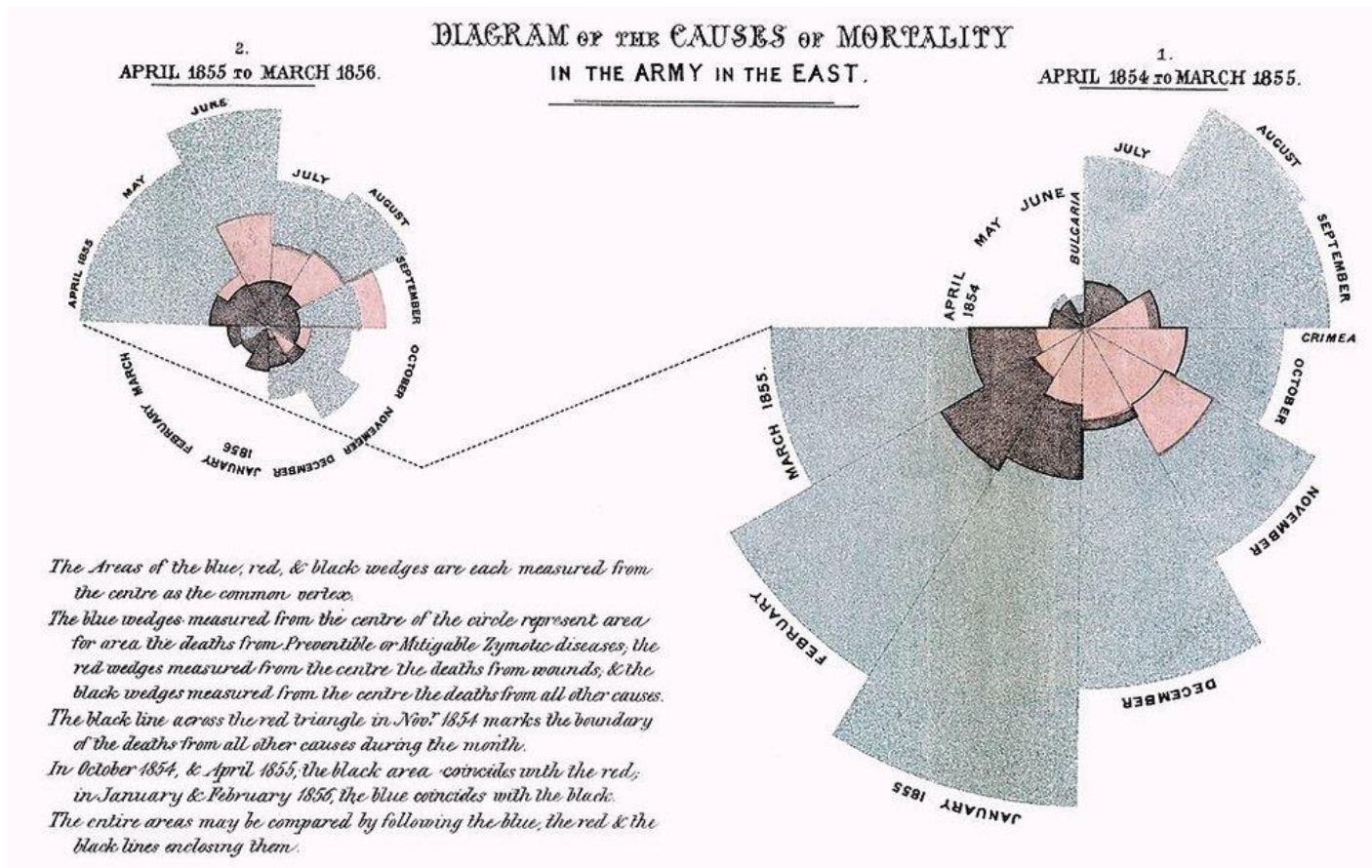
She improved public health through her groundbreaking use of graphic storytelling

She used data to examine the cause, concluding that the problem was poor sanitation and over-crowding of military barracks, encampments, and hospitals that exacerbated the spread of disease.

She owned over 60 cats throughout her life and had a pet owl called Athena.



Florence Nightingale data



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Saint Mother Teresa (1910-1997)

Saint Mother Teresa, was an Albanian-Indian Catholic nun founded the Missionaries of Charity, a religious congregation that was initially dedicated to serving "the poorest of the poor" in the slums of Calcutta.

Mother Teresa and her helpers built homes for orphans, nursing homes for lepers and hospices for the terminally ill in Calcutta.



Other leaders I admire

Nick Pahl

CEO at SOM

Doesn't have a Wikipedia page (yet)

Even his LinkedIn profile is about the SOM – which reflects his humbleness

About the SOM

The SOM is the largest nationally recognised professional organisation for individuals with an interest in health and work. SOM acts as a national voice for occupational health, engaging with government and policy makers to increase awareness of the role of occupational health.

Membership is for anyone working, or with a professional interest, in occupational health.

SOM is a national leader in providing continued professional development and education for all doctors and healthcare professionals working in occupational health, such as through webinars.



Getting started & recurring training

Qualifications

Experience – usually 10 years before you can be considered an expert

Regular training:

1. BLS and anaphylaxis e.g. Annual and once every 3 F2F
2. Case Management
3. DSE/workstation
4. Vaccination training & updates
5. Audiology training & updates
6. Spirometry training & updates
7. Skin care training & updates
8. HAVs (T3) training & updates
9. GDPR
10. Safeguarding
11. Infection control



Getting started and recurring memberships

Registrations and memberships :

1. NMC
 2. DBS – Update Service
 3. Public liability
 4. ICO
 5. Website
 6. IoD – The Institute of Directors
 7. FSB – Federation of Small Businesses
 8. IPSE – The Association of Independent Professionals and the Self-Employed
 9. SOM
 10. At work Partnership
 11. Software PDF
 12. Software OH system
 13. Jersey Nurse
 14. Hypnotherapy BSH
 15. RCN
 16. Other software Licences
- = Approx £2.7K PA



Getting started and recurring memberships

IPSE = The Association of Independent Professionals and the Self-Employed

Director membership which is most suitable for you if you run your business as a Limited company.

This includes among other benefits:

- Tax and legal helplines
- Unlimited co-working
- Illness and injury cover up to £2,000
- Jury service cover up to £5,000 per claim
- Tax & VAT investigation cover of legal fees up to £100k, £500 per day for loss of earnings up to £1,500
- Managed service company cover
- Contract failure cover up to £1,000
- Tax pre-dispute cover
- End client or agency failure cover up to £10k for loss of earnings
- Member support programme

The Tax and VAT investigation cover is the main reason for my membership



Getting started

Other costs

1. Insurance
2. Calibration
3. Accountants
4. OHP retainers
5. Software
6. Training
7. Conference attendances
8. PA and Office Space = Approx £4 PA

Initial set up equipment etc = Approx £10K

Allow approx. £500/month running costs



Why be independent?

It is clearly not easy and not cheap and not an easy way to make a living, however:

- You can live the life you want
- You can work at your own pace
- You can provide the sort of quality you desire

You must be prepared for:

- Being on call 24/7 – on occasions
- Being responsive to maintain client needs and confidence
- Keeping up to date with all legislation
- Keeping up to date with all training requirements
- No one is supervising you – so you must be self-motivated



Key Requirements

1. Knowledge i.e. expertise
2. Be financially aware and astute
3. Sell your services



Decision Making

1. Knowledge

2. Evidence

3. Protocols and policy

4. Consultation e.g. colleagues, OHP



Knowledge i.e. expertise

1. Training

2. Conferences

3. Memberships – journals

4. SOM SIGS

5. Mentoring

6. Time - some say 10 years or 10,000 hours



Where do I get Knowledge

- Regular training and updates
- Conferences
- Reading – books, journals, papers
- SOM SIGs
- My Financial Director / Mentor
- Direct emails to HSE/experts



Where do I get advice

1. Reading – Journals, being curious
2. SOM SIGs
3. My Financial Director / Mentor
4. Regular training and updates
5. Conferences



Be financially aware and astute

- Know market value
- Do not undersell
- Maintain cash flow
- Stay right side of HMRC and VAT
- Do you have all that legal knowledge?
- If you are not an expert – you must employ one



Copyright and Plagiarism



"Raise your paw for the corresponding ear when you hear the sound of a can opener."

If you don't adopt proper licenses for images such as this, you can easily be accountable for a time of £5,000 from Internet trawling lawyers

Sell your services

- Start with agency work
- Become niche and an expert in your field
- Partnerships
- Networking
- Do you have marketing expertise?
- If you are not an expert – engage with one
- You are selling knowledge and expertise



Mentoring a couple of examples

1. Attended a meeting that was poorly chaired

After discussion – I considered ‘what advice and training the person was given’

2. Attended a webinar that was poorly presented

After discussion – ‘never set anyone up to fail’



To grow or not to grow

- Not for me
- I am selling my approach and expertise
- I would be unlikely to increase my earnings by expanding



Museum of Failure MoX

Some businesses that expand – forget what they set out to do and focus on making money.

COVID-19 – lack of peer-reviewed articles

Jamie Oliver

Expanded then failed as the business model changed - Changing tastes, cost, competition, staff issues, poor feedback, expanding too quickly, forgot to understand the target market



The Control of Substances Hazardous to Health Regulations 2002

as amended 2004 (COSHH)

To comply with COSHH employers have to:

1. **Assess the risks** to employees' health arising from their work with chemicals (regulation 6);
2. **Decide what precautions** they need to take (regulation 6);
3. Prevent or **control risk** (regulation 7);
4. Ensure the **control measures** are properly used and maintained (regulations 8 and 9);
5. **Monitor the exposure** of workers, where necessary (regulation 10);
6. **Provide health surveillance**, as appropriate (regulation 11); and
7. **Inform, instruct and train employees** about the risks and any necessary precautions (regulation 12)

Professional Liabilities

see Kira Milne IoH article

1. 'The HSE are the UK national regulators for workplace health and safety.
2. The OH service is required to provide adequate advice and information to the primary duty holder to help them manage their health risks.
3. Suppose the OHS fails - can be held accountable under Section 3 and Section 36 of the HSWA 1974
4. A directly employed OH professional could be prosecuted under section 7 HSWA 1974
5. A potential liability for negligence HSWA 1974 in the civil law, remembering that employers and sole practitioners should be insured against civil liability (Kloss 2020).

Practitioner Liability

- The NMC OH standards expect that an OH professional will **conduct, interpret, and evaluate health assessment** and screening, surveillance and profiling checks and interventions, for people, communities, and populations, applying their specialist professional knowledge and judgement to identify individuals who may be vulnerable or at risk of direct and indirect harm within the workplace, appropriately escalating and referring to other professionals and agencies.
- You have a **responsibility** for the working community so referral to the GP without providing advice to the company that assists them to addressing workplace failures may result in others being harmed, i.e., diagnosis of likely NIHL and subsequent actions.

Practitioner Liability

- Section 3 of the HSWA 1974 places general duties on employers and the self-employed to conduct their undertakings in such a way as to ensure, so far as is **reasonably practicable**, that persons other than themselves or their employees are not exposed to risks to their health or safety.
- Section 36 of the HSWA 1974 states **that anyone who contributes** to a health and safety offence can be prosecuted.
- Section 7 of the HSWA 1974 puts a duty upon employees to take reasonable care for the **health and safety of themselves and of other persons who may be affected by their acts and omissions at work.**

Breaches involved in this Notice Health and Safety At Work Act 1974 / 3 /

- An example
- Description You have failed to provide your XXX with sufficient training and experience or knowledge to perform statutory health surveillance to persons not in your employment who may be exposed to risk because you have not provided your client (the primary duty holder) with adequate advice and information to assist them in the management of the health risks to their workers.

Conclusions

- Remember why you are doing this in the first place
- Ensure your practice is good
- Ensure your compliance with your NMC code of conduct



Professional Liabilities

- The HSE, do not regulate healthcare registration (this is the role of statutory regulatory bodies such as the Nursing Midwifery Council (NMC), General Medical Council (GMC) and Health and Care Professions Council (HCPC)) nor do they regulate, accredit, develop, or deliver any OH education.
- Standards for education sit with the professional registration bodies that set and review standards for education, training, conduct, and performance leading to and maintaining healthcare registration.

Non-compliant Practice

- If you are tasked with undertaking health surveillance for a statutory purpose and are not following L108 you are required to meet that standard by any other equally effective means (you would have to be able to evidence and demonstrate this).
- If you have not been asked to undertake health surveillance and are performing health screening (not for statutory compliance purposes) however you are aware there is a risk in the workplace, it would be incumbent upon you ethically, to clearly state in writing (detail the circumstance) were you are supplying a service that was not meeting the relevant statutory requirements/risk to workforce.
- You would need advice from the NMC re any breach of the code.

Safety Critical or Health Surveillance

Different tests – looking for different measurements and outcomes

Health Surveillance

- Spirometry to **SCREEN** for occupational lung disease with referral to a doctor when required for diagnosis
- Assessing fitness for further exposure to respiratory sensitisers or not

Safety critical

- Respiratory health to undertake strenuous activity e.g. Chester step test, bleep test, 6-Minute Walk